

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Scott SCHOENTHAL

Serial No.: 09/642,064

Filed: Aug. 18, 2000

For: Persistent and Reliable  
Delivery of Event Messages

Art Unit: 2184

Examiner: Joshua A. LOHN

Tel: (703) 305-3188

Office Action Mailed:

Oct. 4, 2003

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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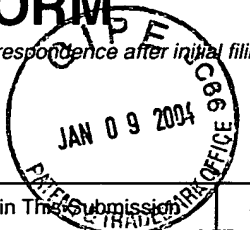
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/642,064	
	Filing Date	Aug 18, 2000	
	First Named Inventor	Schoenthal	
	Group Art Unit	2184	
	Examiner Name	Lohn, J.	
Total Number of Pages in This Submission	44	Attorney Docket Number	103.1048.01

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
Signature	<i>ASwernofsky</i>	
Date	01-05-2004	

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